

**ACP Faculty Liaison  
 Teacher Observation Form**

Please email digital copies within a week of the high school visit  
*Be sure to sign in at the high school office  
 before proceeding to the classroom.*

High School: [Click here to enter text.](#)

Date of Visit: [Click here to enter text.](#)

ACP Teacher: [Click here to enter text.](#)

Course Number(s): [Click here to enter text.](#)

Signature: \_\_\_\_\_

Course Title(s): [Click here to enter text.](#)

UMSL Faculty: [Click here to enter text.](#)

Signature: \_\_\_\_\_

<b>SYLLABUS AND ASSESSMENT VERIFICATION</b>	
<input type="checkbox"/>	Approved Syllabus that includes:
<input type="checkbox"/>	1. UMSL Course # and Course title (ex. UMSL ENGL 1100 First Year Writing)
<input type="checkbox"/>	2. Current school year (YYYY-YY)
<input type="checkbox"/>	3. UMSL Course description
<input type="checkbox"/>	4. Course Objectives/Student Learning Outcomes
<input type="checkbox"/>	5. Grading Scale
<input type="checkbox"/>	6. Grade Description
<input type="checkbox"/>	7. Course Outline/Calendar
<input type="checkbox"/>	Approved course assessments (preferably graded, completed by student but blank copy is acceptable)

**Please address all questions and give examples. If you need more room, please attach a separate sheet.**

Does the instructor demonstrate through his/her class activities a thorough knowledge of the subject matter?

Yes  No

Please provide a short explanation:

Was the instructor respectful of the students and the students respectful of the instructor? Yes  No

If no, please explain.

Was there reasonable participation from the class? Yes  No

If not please provide a short explanation.

If you had an opportunity to talk with students, include comments from your discussion.

Are the evaluation tools comparable to those used on campus? Yes  No

Please provide comment:

Do the activities/assignments indicate that college-level material has been covered? Yes  No

Are they representative of what you see from students enrolled in the same course on campus? Yes  No

If no, please explain.

Do you have any comments on how this course may be more effective for the students?

Do you have any comments on the high school itself or its staff? (e.g. appearance, cooperation)

Were there any comments from high school personnel—administrators or the teacher regarding ACP that should be noted?

**If you conducted professional development activities with the instructor during this meeting please complete the on-site PD form.**